

OMB APPROVAL NO. 1405-0189 EXPIRES: 5/31/2019 ESTIMATED BURDEN: 1 Hour



EMPLOYMENT APPLICATION FOR LOCALLY EMPLOYED STAFF OR FAMILY MEMBER

POSITION										
Vacancy Announcement Number				Position Title						
SECTION1: PERSONAL INFORMATION TO BE CO	MPLETE	D BY ALL AP	PLICANTS							
Name (Last, First of Given Name)										
Other Names Used										
Address			Telephone Number							
E-mail										
Does your relative work in this Embassy or Consulate? If yes, tell us their name and the section where the work.										
Are you able to legally work in this country? Yes No (U.S. Government does not sponsor work visas unless specified on the Vacancy Announcement.)										
If this job includes driving a U.S. Government Vehicle, do you have a current and valid driver's license? Yes No										
SECTION 2: EDUCATION										
High School/Secondary Education	Dates A	ttended	Did you							
(Name, City)	(mm-y)	yy)	graduate?)						
	From		Yes							
	To _		☐ No							
Trade/Technical	Dates A	ttended	Did you	Certificate/Diploma	Major Subject					
(Name, City)	(mm-y)	vyy)	graduate?	•						
	From		Yes							
	То		∏ No							
Undergraduate/Bachelor's Degree	Dates A	ttended	Did you	Certificate/Diploma	Major Subject					
(Name, City)	(mm-y)	vyy)	graduate?	•						
, , ,	From		Yes							
	То		∏ No							
Graduate Degree		ttended	Did you	Degree/Diploma	Major Subject					
(Name, City)	(mm-y)	/vv)	graduate?							
, , ,	From	,,,	Yes							
	То		☐ No							
SECTION 3: LANGUAGES	_									
Languages										
	numhars	and signs								
1 Basic – Examples: Basic greetings, phrases, numbers and signs.										
2 Limited – Examples: Directions, Simple questions 2 Cond working knowledge - Examples: Conversations about familiar tonics, complex decuments										
3 Good working knowledge – Examples: Conversations about familiar topics, complex documents										
4 Fluent – Examples: Infer nuanced meaning										
· · · · · · · · · · · · · · · · · · ·	Inslator – Examples: Certified professional translator in this			Provide level) Reading (Provide level) Writing (Provide level)						
Language		Speaking (F	rovide level)	Reading (Provide level	writing (Provide level)					

SECTION 4: WORK EXPERIENCE							
Paid and Voluntary - Please begin by listing your most current work experience and go back 10 years (or longer, if relevant for the job)							
Job Title	From (mm-yyyy) To (mm-yyy) Yearly Salary (Local currency						
Full Time Part Time							
							
Employer Name, Address and Phone Number							
Supervisory Responsibilities?	Supe	rvisor Name					
Yes No							
Main Duties and Bespensibilities							
Main Duties and Responsibilities							
Reason for leaving							
Neuson for leaving							
I. L. Title		From (mm-yyyy)	To (mm-yyy)	Yearly Salary (Local currency)			
Job Title		Trom (mm-yyyy)	10 (111111-ууу)	really Salary (Local currency)			
Full Time Part Time							
Employer Name, Address and Phone Number							
Supervisory Responsibilities?	Supe	rvisor Name					
Yes No							
Main Duties and Responsibilities							
Reason for leaving							
Reason for leaving							
Job Title		From (mm-yyyy)	To (mm-yyy)	Yearly Salary (Local currency)			
☐ Full Time ☐ Part Time							
Employer Name, Address and Phone Number							
Employer Name, Address and Filone Namber							
a di divisio a							
Supervisory Responsibilities?	Supe	rvisor Name					
Yes No							
Main Duties and Responsibilities							
Reason for leaving							

SECTION 4: WORK EXPERIENCE (Continued)							
Job Title		From (mm-yyyy)	To (mm-yyy)	Yearly Salary (Local currency)			
Full Time Part Time							
Employer Name, Address and Phone Number							
Company to a man December 11 th 11 th 1 a 2							
Supervisory Responsibilities? Yes No	Supervisor Name						
Main Duties and Responsibilities							
iviain buties and responsibilities							
Dancer feetlessing							
Reason for leaving							
SECTION 5: CITIZENSHIP							
Are you a U.S. Citizen listed on the travel orders or approved OF-126 (or other agency equivalent) of a direct hire FS, CS or uniformed							
service member assigned (not TDY) to this U.S. Mission and under Chief of Mission authority, or to an office of the American Institute							
in Taiwan?							
If no, proceed to Section 6.							
If yes, select all that apply:							
Lam a mambar of the Fersian Canica Family Persons (FCFRC) (SF FC required)							
I am a member of the Foreign Service Family Reserve Corps (FSFRC). (SF-50 required) I am a preference eligible U.S. Veteran. I have not invoked my preference at this Post. (DD214 required)							
I am a preference eligible U.S. Veteran. I have invoked my preference at this Post. I have worked in (enter Agency/job)							
I am Foreign Service on Leave Without Pay (LWOP)							
I am Civil Service on LWOP with Bureau-specific reemployment rights.							
SECTION 6: DECLARATION							
I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and							
made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or for separation/dismissal after I begin work, and may be punishable by fine or imprisonment according to this country's law or U.S. law. I understand							
that any information I voluntarily provide on or attached to this application may be investigated.							
Signature (Please Sign) Date							

PRIVACY AND PAPERWORK REDUCTION ACT STATEMENTS (For U.S. Citizens and Legal Permanent Residents of the U.S.)

AUTHORITIES The information is sought pursuant to The Foreign Service Act of 1980, as amended, and 22 U.S.C. 2669 (C). Your social security number (SSN) maybe used to confirm the identity and employment eligibility of the individual, pursuant to Executive Order 9397, as amended.

PURPOSE The information solicited on this form will be used to establish your eligibility and qualifications for job vacancies at U.S. Missions.

ROUNTINE USES The information may be shared with other federal agencies to the extent relevant and necessary for that agency to make employment decisions and to a Congressional Office in response to your written request. More information on Routine Uses can be found in System of Records Notices State-31, Human Resources Records, and OPM/GOVT-5, Recruiting, Examining, and Placement Records.

DISCLOSURE Disclosure of this information, including your social security number, is voluntary. Failure to provide the requested information may result in your application not receiving full consideration or being delayed for consideration.

BURDEN Public reporting burden for this collection of information is estimated to a average one (1) hour per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments n the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: HR/OE, SA-22, 1800 G. Street, NW, Washington, DC 20006.

EQUAL OPPORTUNITY EMPLOYER

The U.S. Mission provides equal opportunity and fair and equitable treatment in employment to all people without regard to race, color, religion, sex, national origin, age, disability, political affiliation, marital status, protected genetic information, or sexual orientation.

The EEO complaint procedure is not available to individuals who believe they have been denied equal opportunity based upon marital status or political affiliation. Individuals with such complaints should avail themselves of the appropriate grievance procedures, remedies for prohibited personnel practices, and/or courts for relief.